

State of Alaska  
Department of Health and Social Services  
Senior and Disabilities Services  
Grants Unit

# **Short-Term Assistance and Referral Grants Program Manual**

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# **SECTION I**

## **Short-Term Assistance and Referral Grant Program Specific Information**

## PURPOSE OF THE STAR PROGRAM

STAR programs were developed to educate and assist families and individuals with developmental disabilities needing assistance with accessing services, navigating the system and, if needed, to provide assistance on a short term basis and ameliorate crises before they occur. STAR Coordinators are trained specifically to work with individuals and families to develop strategies and natural supports or seek additional services in order to achieve stability and independence. STAR programs services utilize a family-driven, person-centered approach in which the overriding philosophy is that families and individuals are the “experts” in determining they type of supports they require. STAR programs may serve as the conduit to other community based services and can reduce stress of the caregiver by assisting the family with both the financial and programmatic eligibility for various public programs.

In addition to having a full time STAR Coordinator responsible for providing information and referral, short term assistance and case management, and person centered planning to individuals and families, STAR programs have dedicated funds that may be used to assist individuals in a crisis situation when all other resources have been exhausted. STAR Advisory Boards provide oversight and make recommendations for the distribution of STAR discretionary funds based on the DSDS STAR Policy and Procedure.

STAR Coordinators are knowledgeable of other community based services and work collaboratively and provide outreach to state and local social service organizations in their region to provide timely, un-biased assistance to all DD eligible individuals in their region.

This program manual will outline the process that must be followed when an individuals or family requests assistance through the STAR programs and will outline the roles and responsibilities of STAR coordinators specifically in helping families and individuals navigate the system.

# **SECTION II**

## **Developmental Disabilities Process for Individuals Seeking Services**

# Eligibility to Comprehensive Services

## Developmental Disabilities Process

### Intake and Eligibility Determination:

1. An Individual, family or guardian is referred to STAR (Short-Term Assistance and Referral) or DD Provider Agency if there is not a STAR Project in their area. Typically the referral is initiated by a physician, ILP agency, school, Office of Children's Services or Office of Public Advocacy. Sometimes the family self-refers.
2. A STAR (or provider agency) conducts an interview with the family and either:
  - a. Recommends completion of the Eligibility Determination Form and gathers supportive documentation; or
  - b. Refers them to more appropriate services within the community.
  - c. Note: It is recommended that the family does not complete application without assistance, although it is not disallowed.
3. The STAR Coordinator assists with completion of the Eligibility Determination Form.
  - a. Children under the age of 16 must have at least three of the first five Functional Limitations (as set forth in AS 47.80.900) to be determined eligible.
  - b. Individuals 16 or older may also address functional limitations in the two categories titled Capacity for Economic Self Sufficiency and Capacity for Independent Living. However, they must also have a total of three areas with functional limitations.
  - c. STAR Coordinator assists family to gather appropriate documentation. Documentation may be from a physician, Speech/Language Therapist; ILP reports, IEP and ESER reports, medical evaluations (that pertain to developmental and/or functional skills), test results from IQ tests, psychologist or other professional. Documentation must support each area of functional limitation that the Eligibility Determination Form is addressing. Rural areas may provide documentation from a local physician or a medical professional from the village clinic but the documentation must address functional abilities and age of onset.
  - d. Older persons seeking eligibility must have some type of evaluation that outlines adaptive limitations as well as a statement or documentation that

the condition was present prior to the age of 22. If school records are unavailable, medical reports, psychiatric reports, or other records may be submitted. Individuals with a genetic syndrome such as Down's Syndrome, do not have to show that the condition was present prior to age 22. All supportive documentation must be signed and should be current within 36 months (where possible).

- e. Legal guardianship, adoption and custody paperwork must accompany all eligibility application when the applicant is not their own guardian or has been adopted or is in the custody of a State entity.
4. The STAR Coordinator submits Eligibility Determination Form and supporting documentation to DSDS. This can be done via fax, mail, electronically to [ddmailbox@alaska.gov](mailto:ddmailbox@alaska.gov) or can be dropped off at the main office.
5. DSDS reviews the application and accompanying supportive documentation that is relevant to each area of functional limitation that is indicated on the Eligibility Determination application.
6. The timeline for DSDS to review the Eligibility Application and send notice of determination is 30 business days, however, the time is dependent on volume of determinations received.
7. The application may be **RED-FLAGGED** by calling SDS and requesting immediate review for crisis situations. Crisis situations are those in which the health and safety of the applicant may be compromised. In this case, the determination letter (approval or denial) goes out within 24 hours via email to the submitting agency or STAR Coordinator. **IMPORTANT:** The packet needs to be complete and contain all of the necessary information to make a determination. It also needs to contain signed guardianship or custody papers when necessary. The accompanying Release of Information should always have the STAR Coordinator or agency contact person's name included in order to be informed of eligibility via email. **REMEMBER:** You are ALL mandatory reporters. If an individual's health is compromised or there are concerns about the individual's safety, you **MUST** report to the appropriate authorities. If you have placed a call to the Office of Children's Services, Adult Protective Services, the Police Department or other agency, you need to provide that information to the Eligibility Unit of SDS.

#### **Individual is Eligible for DD Services:**

1. If the recipient is determined eligible:

- a. Letter is sent to family with notification of approval. Letter also provides DSDS ID# so that family may complete Registration and Review (R&R) Form. This should be done with assistance from STAR Coordinator or provider agency personnel.

## Important Information about DD Eligibility and the DD Registration and Review

When state funding for comprehensive services through the Developmental Disabilities Medicaid Waiver program is not adequate to meet the demands for services, the Developmental Disabilities Program is authorized under AS 47.80.130 to establish a Registry.

When an individual completes an application for Developmental Disabilities Eligibility, they are notified, in writing, of the decision regarding eligibility. If an individual is found eligible, they are provided with the list of grantee agency providers who can assist them to determine if grant services would meet their needs or if they need to complete a Registration and Review form to be considered for waiver services. The Registration and Review form provides basic information about each recipient in order to accurately assess his or her need for services. This information enables the Division to plan and project for current and future needs. People with higher needs score more points on the registration and review form.

- b. Letter of eligibility may include a “provisional approval” in which applicant is approved until a certain age. Upon reaching that age the recipient must submit a new Eligibility Determination Form and new documentation. Applicants that are younger than age 22 can expect that they will need to complete a new application at some point in the future.
  - c. Upon receipt of letter of notification, family is immediately able to access grant funds based on the needs of the individual and family. Each grant recipient must have a Plan of Care completed annually.
  - d. Upon receipt of letter of notification, family may also access STAR discretionary funds for crisis situations and/or AMHTA Mini-Grants for Medical, Dental, Vision, etc. if needed.
2. STAR Coordinator or provider agency may assist the family in filling out the R&R, but only IF they are interested in pursuing a waiver. It may be prudent to wait and



see if the recipient's needs can be met through grant-funded services. The R&R is submitted electronically to DSDS and given a score based on information provided.

3. **IMPORTANT: If the individual does not read or speak English or has difficulty understanding communications of this type, they may appoint a contact person to assist them. That contact person must be listed on the Eligibility Determination, R&R form as well as the Notification regarding selection for comprehensive Medicaid Home and Community Based Services. SDS must also have a current release of information which lists the person on it. The applicant needs to ensure that this release is updated annually and a copy is provided to SDS.**
4. If the R&R is completed, a letter of notification is sent to the family advising them of the score they have received. The letter also informs them that the recipient will be placed on the waitlist for services and that there may be a substantial waiting period for a Medicaid Home and Community Based Waiver (HCBW).
5. Recipient may score high enough to be selected from the waitlist during the next selection which occurs once each quarter. They may also wait for many years depending on their score.
6. 50 recipients with the highest score are selected. Once the original 50 are selected, DSDS completes a "screening process" to make certain that the recipient is indeed waiver eligible. This includes:
  - a. Ensure the applicant's eligibility is current and not expired.
  - b. Recipient's Medicaid eligibility status, or probability of acquiring Medicaid eligibility (SDS does not do this but DPA does. SDS only checks this when a Plan of care has been reviewed );
  - c. Determining if the recipient meets one of the 5 diagnostic categories that are the approved target population of the HCBW. Refer to 7 AAC 140.600
  - d. Probability that recipient will score within the appropriate range on the screening tool, the Inventory of Client and Agency Planning (ICAP). This tool determines the Level of Care.
  - e. **NOTE: A letter will be sent even if the individual's eligibility has expired. This will give the person time to reapply for eligibility.**
7. If recipients do not pass the screening, they are replaced by the next highest scoring people on the waitlist until 50 have been selected. They may still access grant funds for services.

8. DSDS sends letters of notification to families/recipients that they have been selected. The letter includes a post card, a list of care coordinators to choose from. At this time the family must reply, within 30 days, providing their choice of care coordinator. If the recipient does not respond within 30 days, they are removed from the queue. Family may continue to access grant funds.
9. Identified Care Coordinator is provided a Care Coordinator Assignment Number (CCAN) which allows the Care Coordinator to begin preparing for the ICAP. Preparation includes the submission of current diagnostic paperwork and a complete ICAP packet. It also requires the identification of three individuals who are very familiar with the recipient and can accurately address their functional level. (See ICAP guidelines on the website)
10. DSDS sends an assessor, in person whenever possible, to complete ICAP/LOC with identified individuals. The ICAP is completed and LOC is established within 30 business days.
11. Once ICAP is completed, Care Coordinator meets with family and other members of planning team to create a HCBW Plan of Care (POC) for the recipient.
12. Plan of Care is submitted to DSDS for approval. If the POC is submitted on time, it is reviewed as soon as possible by DSDS.
13. Prior authorization is issued for services that have been approved and HCBW services begin.
14. Recipient is removed from grant but may still access STAR and Mini-grant funds if needed.
15. If the POC is not submitted in a timely manner, a reminder is sent to the care coordinator, If DSDS does not receive the document after three attempts at contact, the individual is no longer considered for the Medicaid HCBW and their name is removed from the queue.. The individual may still access STAR and Mini-Grant funds if needed but if they wish to be considered for waiver services in the future, a new registry will need to be completed again.

**Individual is NOT Eligible for DD Services:**

- a. May be due to insufficient documentation and family may submit additional information to DSDS within 30 days of receipt of the letter. Otherwise they will need to complete a new application.
- b. Family may appeal DSDS's decision and request a second review of the application by the IDD Waiver Unit Manager..
- c. Family may wait and reapply when they have more information on the applicant's condition/functional limitations. This typically occurs with very young children.

# **SECTION III**

## **Definitions & Services**

## Developmental Disability:

A “person with a developmental disability” means a person who is experiencing a severe, chronic disability that:

1. Is attributable to a mental or physical impairment or combination of mental and physical impairments;
2. Is manifested before the person attains age 22;
3. Is likely to continue indefinitely;
4. Results in substantial functional limitations in three or more of the following areas of major life activity:
  - (i) Self care
  - (ii) Receptive and expressive language
  - (iii) Learning
  - (iv) Mobility
  - (v) Self Direction
  - (vi) Capacity for Independent living
  - (vii) Economic self sufficiency; and
5. Reflects the individual’s need for a combination and sequence of special interdisciplinary or generic services, individualized supports or other forms of assistance that are of lifelong or extended duration and are individually planned and coordinated.

The presence of a developmental disability is not established by a diagnosis. The overriding concept contained in AS 47.80.900 assures that labels or diagnoses do not make a person developmentally disabled. Instead, the person’s ability or inability to

function due to limitations caused by the developmental disability is the major criteria for determining whether or not an individual is developmentally disabled (so long as the impairment to functioning occurred before age 22).

This means that those individuals who experience such disabilities as sensory impairments, deafness and blindness will not be determined to experience a developmental disability solely on the basis of their diagnosis. People who experience cognitive impairment, epilepsy, cerebral palsy and autism will not qualify as developmentally disabled based on their diagnosis alone. In all these cases, the individual would need to demonstrate an inability to function at the same level as their peers in order to qualify as developmentally disabled.

### Services:

The goal of the STAR project is to provide a visible and trusted access point for information, referrals, assistance, education, person-centered planning, crisis intervention, and other services on a short term basis that will create stability, enhance quality of life, and increase independence for families and individuals who experience developmental disabilities. Each Star project will provide services in a variety of ways reflecting the skills, training and expertise typically associated with the practice of Case Management/Care Coordination. The project must include one full-time position dedicated to the project and the allocation of \$15,000 to discretionary funds to meet the short term and referral needs in the STAR Project service area. The following list identifies some, but not all, of the types of supports and services to be offered:

1. Identify and meet with eligible individuals and/or their families.
2. Respond to crisis situations.
3. Provide information and assistance in accessing long-term State and Medicaid funded home and community based service options if needed, such as DD Community grants and/or Medicaid Waivers.
4. Assist in completing and submitting the eligibility for application for Developmental Disabilities Services.

5. Assist in completing and submitting a Registration and Review form when it is determined to be necessary.
6. Conduct assessments and provide case management and consultative services.
7. Provide time-limited support within homes and in the community to include: increasing individual and/or family skills, direct assistance to family and child (e.g., parent training, positive behavioral support training), counseling, building natural supports, respite, problem solving, and chore services.
8. Collaborate with other providers in provision of services (this may include attending care conferences, support plan meetings, hospital rounds, or medical appointments).
9. Provide early intervention support.
10. Provide family/person-centered future planning.
11. Provide assistance accessing employment supports.
12. Assist families in the identification and acquisition of resources for needed environmental modifications, adaptive equipment, or other necessary (i.e., disability related) technology.
13. Assist families in entering into a family support network.
14. Distribution of STAR / Mini-grant discretionary funds.
15. Develop community awareness and support by participating in local health fairs, conducting disability awareness in the schools, and networking with other community providers.

# **Section IV**

## **Quarterly Reporting**

### **Introduction and General Information**



# INTRODUCTION

## Report Due Dates

Quarterly reports are due 30 days after the end of the quarter. All reports must be sent to the Grants Administrator or submitted online through eGrants. Access to eGrants may be obtained by contacting the Program Administrator, Anna Yadao at (907) 465-5079 or [Anna.Yadao@alaska.gov](mailto:Anna.Yadao@alaska.gov). After all required documentation is received the quarterly report is then forwarded to the Program Manager for program and payment approval. Payments are based upon the expenditures reported. Timeliness and accuracy of grant reporting is documented and this performance is taken into consideration during grant proposal evaluation.

### Send Program Reports to:

Anna Yadao, Grants Administrator II

Grants and Contracts Support Team

P.O. Box 110650, Juneau, AK 99811-110650

907-465-5079 voice 907-465-3419 fax

Email: [Anna.Yadao@alaska.gov](mailto:Anna.Yadao@alaska.gov)

*Incomplete reports delay the approval process.*

## Requesting an Extension and Late Reporting

In the event that the quarterly report deadline cannot be met, please submit a written request for an extension. Please email your extension request before the report deadline to [Laurie.Cooper@alaska.gov](mailto:Laurie.Cooper@alaska.gov). Please indicate reason for extension request and date you expect to be able to submit it. An approval email will be sent to you for your records. If an extension is not requested your report will be considered late.

# GENERAL INFORMATION

As a recipient of a grant award for an SDS Short-Term Assistance and Referral (STAR) Grant program, grantees are required to submit a report each quarter that includes data such as number of Eligibility Determinations and Registration and Review forms completed, number of crisis requests funded, number of referrals to other resources, and general expenditures for the program. Program reports provide insight to the types of services being provided in the State of Alaska, as well as to what extent services are being utilized for each program. The fiscal report illustrates how resources were expended by line item for services and establishes cost effectiveness of the services being provided.

## **Developmental Disabilities Census**

The Developmental Disabilities Census database is the data collection system for SDS Community Developmental Disabilities Grants. The DD Census is a web-based database program and is an integral part of the quarterly reporting process. Contact the Program Manager for a security agreement to obtain a user password. Instructions on how to use the DD Census, is included as an attachment to this document. The DD Census must be completed each quarter and is submitted with the quarterly narrative report; this assures the Program Manager that the grantee has reviewed the report and verifies that the data entered is accurate and up to date.

## **Important Documents or Resources to Review**

1. Grant Agreement
2. Grant Assurances
3. Request for Proposals for the current grant cycle
4. Grantee's Grant Proposal for the current grant cycle

## **Items to Submit for Quarterly Reporting**

### **1. Cumulative Fiscal Report (CFR)**

The CFR is submitted electronically through eGrants which is accessed through myAlaska for Organizations. Please contact the Grant Administrator for your program for initial set-up and ongoing support.

### **2. Program Narrative**

- a) The narrative is an opportunity for grantees to provide a progress report of grant activities. The Narrative Reporting Form is available by contacting the Program Manager. Please address each section of the form. Provide updates on services provided, challenges and successes in providing service, trainings conducted, as well as progress toward goals and outcomes set by the program.

# Section V

## Reporting Form

Division of Senior and Disabilities Services  
Short-Term Assistance and Referral Grant  
Quarterly Program Narrative Report

- 
- Click on grey areas to enter text.

Date:

Agency:

Quarter:

Report prepared by:      Phone:      Email:      .

**Program:**

---

1. Give a brief description of program progress for each objective for this quarter:

- Objective #1:
- Objective #2:
- Objective #3:
- Objective #4:
- Objective #5:
- Objective #6:

**Note:** If you have more than 6 objectives, use additional spaces at the end of this report form.

2. Give a brief description of any barriers to service delivery and efforts taken to address the barriers:

3. Please give a brief description of any news or special events that were not covered in the reporting on objectives:

4. Was any consumer satisfaction survey conducted? Yes      No

- If **yes**, Please attach copy of the survey and the compiled results.

**Services:**

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5. Total number of eligibility applications completed:

6. Total number of registration and review forms submitted:

7. Number of referrals made to other community resources:

8. Number of STAR grant applications received under \$750:

- a. # Approved:
- b. # Denied:

9. Number of STAR grant applications received over \$750:

- a. # Approved:
- b. # Denied:

10. Number of Mini-Grant applications submitted:
- a. # Approved:
  - b. # Denied:

**Additional Objectives:**

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- Objective #7:
- Objective #8:
- Objective #9:
- Objective #10:

*Thank you!*

# Section VI

## Helpful Links

## **7 AAC 78:**

<http://www.touchngo.com/lglcntr/akstats/aac/title07/chapter078.htm>

## **AS 47.80.900:**

<http://www.touchngo.com/lglcntr/akstats/Statutes/Title47/Chapter80/Section900.htm>

## **STAR Policy and Procedure:**

<http://www.hss.state.ak.us/dsds/policies/PDFS/STARRH72109.pdf>

## **Aging and Disability Resource Centers:**

<http://www.hss.state.ak.us/dsds/Grantservices/adrc.htm>

## **STAR Roster:**

[http://www.hss.state.ak.us/dsds/grantservices/PDFS/STAR\\_Roster.pdf](http://www.hss.state.ak.us/dsds/grantservices/PDFS/STAR_Roster.pdf)

## **DSDS Mission, Vision and Service Principles:**

<http://www.hss.state.ak.us/dsds/mission.htm>





# Attachment A

## DD Census How-To-Manual

# **Senior and Disabilities Services: DD Census – User Manual**

**Updated 9/6/11**

## **System overview, what the system does and why it is needed**

Senior and Disabilities Services (SDS) provide funding annually to DD providers in Alaska in order to provide needed services to individuals and families with a variety of needs. Part of the funding process stipulates that service providers will report quarterly on how these state grant funds are used. The on-line DD census system allows provider agencies to submit this information in a secure manner that provides SDS with an accurate account of grant fund utilization.

This manual is a reference for agencies, and will help them to navigate the on-line system so that they may effectively submit their information in a timely fashion.

If, after referring to this manual you still have questions please contact Laurie Cooper, Health Program Manager with SDS. You can reach her at (907) 465-3135, or by emailing her at [Laurie.Cooper@alaska.gov](mailto:Laurie.Cooper@alaska.gov).

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## **First Steps**

**In order to gain access to the system you must have a signed security agreement on file with the Division of Senior and Disability Services. This security agreement is a contract between your agency (and all users within your agency) and SDS that all information provided is correct and will not be misused. Once we have a signed security agreement you will receive a user ID and Password by which you can enter the system. In order to maintain the confidentiality and accuracy of the data reported by your agency, Passwords may be changed upon request.**

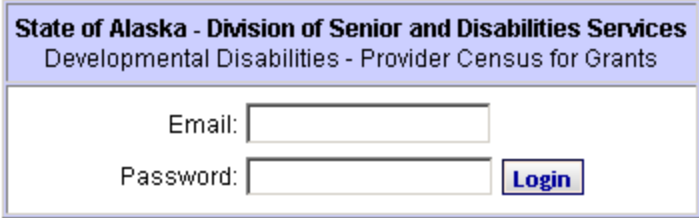
## **Logging in**

In order to gain access to the system you must have a system account. To obtain a system account please contact Laurie Cooper.

To log in you must visit this website:

[https://www.partners.hss.state.ak.us/gcdse/dd\\_census/](https://www.partners.hss.state.ak.us/gcdse/dd_census/)

At the login screen simply supply your email address and password, then click on the “Login” button shown below.



State of Alaska - Division of Senior and Disabilities Services  
Developmental Disabilities - Provider Census for Grants

Email:

Password:

If you use an incorrect email address and password combination you will receive a notice alerting you that you have provided incorrect login information. If you unsuccessfully attempt to log in three times the system will lock you out. You will need to contact Anastasiya Podunovich, DSDS Research Analyst at 269-3447 or [Anastasiya.Podunovich@alaska.gov](mailto:Anastasiya.Podunovich@alaska.gov) to re-activate your account. This measure has been taken for HIPAA compliance purposes and to assure that protected health information (PHI) is not compromised.

After you have successfully logged in you will see the main screen for your agency. It will look similar to the screen below, but it will display the client list for your specific agency.

Address https://www.partners.hss.state.ak.us/gcdse/dd\_census/index.cfm Go

**Division of Senior and Disabilities Services - DD Grant Census: Test agency** **October 9, 2007** [Change text size](#)

[Log off](#) [Reports](#) [Admin](#) [New recipient](#)

Status: Active   
Sort: Last name

[Search](#)

Ricardo Montelban  
Test Test

System inactivity for more than 30 minutes will automatically log you off of this system  
[Division of Senior and Disabilities Services](#)

On the left hand side of the screen you'll see your list of active clients. Clicking on any of these individuals will bring you to a consumer-specific information screen. This screen is displayed below.

It's on this main consumer screen that you can enter service provision information for individuals served by your agency.

Consumer-specific information managed via this screen:

- Consumer name
- Date of birth
- Medicaid number
- Gender
- Consumer address (and history of addresses)
- Services provided to consumer
- Ability to archive a consumer from this screen

**Recipient:** [Edit information](#) [Archive](#)

Ricardo Montelban  
Medicaid #: 5656544

[New address](#)

**Current address:** The Brown Derby Attu Station, AK 99999 [Delete](#)

**Past addresses:**

PO Box 87343 Wasilla, AK [Delete](#)

**Add a new service provision:**

Grant type:  [x](#)

Service:  [x](#)

Fiscal year:  [x](#) Quarter:  [x](#) Units:  Cost: \$

Comment:  1 Unit = 0.5 Hours

[Add service](#)

**Service provision history:**

FY	Q	Grant type	Service	Units	Cost		
2007	4	Community DD Grant	Case Management/Care Coordination	5	\$100.00	<a href="#">Edit</a>	<a href="#">Delete</a>
2007	4	Community DD Grant	Group Home	2	\$123.00	<a href="#">Edit</a>	<a href="#">Delete</a>
2007	4	Community DD Grant	Respite	4	\$60.00	<a href="#">Edit</a>	<a href="#">Delete</a>
2007	4	Community DD Grant	Flexible respite	1	\$200.00	<a href="#">Edit</a>	<a href="#">Delete</a>

## Managing consumer demographic information

[Search](#)

[ban](#)

**Recipient:** [Edit information](#) [Archive](#)

**Update recipient:**

First name:

Last name:

Medicaid #:

Gender: ☒ Male ☐ Female

Date of birth:  /  /

[Cancel](#) [Update recipient](#)

To make changes to a consumers demographic information (first name, last name, date of birth, Medicaid number, or gender) click on the “Edit information” button on the

consumer's page. After you click the button you will see a brief form that will allow you to make any necessary changes. The date of birth fields must be numeric, attempting to provide non-numeric information for date of birth will cause an alert to activate, letting you know that you aren't allowed to do this. When you have made the necessary changes submit this new information by clicking on the "Update consumer" button.

If you do not wish to update any of the information, simply click on the "Cancel" button and you will be taken back to the previous consumer page.

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## **Consumer addresses**

Consumer addresses are handled separately from consumer demographic information because a consumer can often have multiple addresses. Further, consumers are likely to change addresses from time to time. A history of the consumer's addresses is displayed on the main consumer page. The address section of the page will show you the most recent address on record as well as past addresses.

### **PLEASE DO NOT DELETE HISTORICAL ADDRESSES ! \* ! \* !**

The only time you should delete an address is when you incorrectly supplied an address. The primary reason for not deleting historical addresses is to SDS staff can effectively track down the most recent address for consumers. Having access to all of a consumers historical addresses helps staff to contact a consumer in the event that a waiver slot becomes available, or SDS needs to contact the consumer regarding other services.

Address: <input type="text"/>	
Address 2: <input type="text"/>	
City: <input type="text" value="Adak"/>	<input type="button" value="Not on list?"/> <input type="text"/>
State: <input type="text" value="AK"/>	<input type="button" value="Cancel"/> <input type="button" value="Save"/>
<b>Current address:</b> The Brown Derby Attu Station, AK 99999 <input type="button" value="Delete"/>	
<b>Past addresses:</b>	
PO Box 87343 Wasilla, AK <input type="button" value="Delete"/>	

The form above is used to add a new client address. There are 6 fields available for entering information:

1. **Address** – primary address information
2. **Address 2** – Miscellaneous address information. This field should not be used often. Please put apartment numbers, or lot numbers in the “Address” field, not in the “Address 2” field.
3. **City** – select from communities in the dropdown list
4. **City** – If the community of residence isn’t on the dropdown list use this field to provide the community name.
5. **State** – defaults to “AK”
6. **Zip code**

To add a new address record you must supply the following information:

1. **Address**
2. **City**
3. **State**
4. **Zip**

If you attempt to enter an address record without any one of these three you will receive an alert notifying you that you must enter the aforementioned information.

When you've completed entering the required information simply click in on the "Save address" button. This will submit and record the consumer's address information, and will return you to the main consumer page.

If you do not wish to submit a new address simply click on the "Cancel" button to return to the main consumer screen.

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### **Adding a Consumer without an address**

You can temporarily add a consumer without an address by typing in a temporary address that will let us know their correct address is missing. The system will not let you add a new consumer without an address, so using a standard address will identify the person so that you may add their correct address at a later date.

Please use this as a standard address:

Consumer's Name

1234 No Address Lane

City, AK

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### **Service provision information**

The primary purposes of the census system is to collect grant fund utilization information from providers. The service provision form is the mechanism you will use to provide this



information. Service provision information is submitted on a consumer-by-consumer basis.

There are seven pieces of information that will comprise a service provision record for a single consumer:

1. **Service** – the service provided to the consumer
2. **Funding type** – the funding source for the service that was provided to the consumer
3. **Fiscal year** – the fiscal year in which the service was provided
4. **Quarter** – the quarter of the fiscal year in which the service was provided
5. **Units** – the number of units of the service provided to the consumer
6. **Cost** – the total cost of the service provided to the consumer
7. **Comment** – any additional information you feel is necessary to help describe the service provision. This is the only field that may remain empty.

### *Services*

Service	1 unit equals - >	Service units
Case Management/Care Coordination	1 unit =	15 minutes
Chore Services	1 unit =	15 minutes
CORE Planning and Oversight*	1 unit =	1 plan
Day Habilitation	1 unit =	15 minutes

Dental	1 unit =	1 procedure
Durable Medical Equipment	1 unit =	1 piece of equipment
Environmental Modifications	1 unit =	1 project
Family Habilitation	1 unit =	1 day
Group Home	1 unit =	1 day
In-home Supports	1 unit =	15 minutes
Intensive Active Treatment (Behavioral Health, Nursing)	1 unit =	15 minutes
Meals	1 unit =	1 meal
Medical* (Includes hearing or vision)	1 unit =	1 visit
None	1 unit =	NA
Other*	1 unit =	Undetermined
Respite	1 unit =	Hourly: 15 minutes Daily: 1 day
Shared Care	1 unit =	1 day
Specialized Medical Equipment	1 unit =	1 piece of equipment
Supplies	1 unit =	1 purchase
Supported Employment	1 unit =	15 minutes
Supported Living	1 unit =	15 minutes
Therapy (OT, OT, Speech, etc)	1 unit =	15 minutes
Transportation (community)	1 unit =	1 one-way trip
Travel (outside community)	1 unit =	1 one-way trip

\* CORE Planning and Oversight: For reporting purposes, you may allocate a part of the CORE Funds to cover planning, oversight, and other administrative activities that are not considered case management. All other services provided with CORE funds must be reported by service category using standardized units provided.

The services and units displayed above are all available via the service provision form on the main consumer page. When a service is selected from the dropdown list the service units will automatically appear directly below the units field (shown below highlighted in red).

**Add a new service provision:**

Grant type: Community DD Grant

Service: Case Management/Care Coordination

Fiscal year: 2008 Quarter: 1

Units: Cost: \$

Comment:

1 Unit = 0.5 Hours

Add service

The only variation in units comes with the respite services. This service has multiple unit types: hourly and daily. You'll notice that when you select respite, a drop down menu will appear next to the service dropdown as shown below.

**Add a new service provision:**

Grant type: Community DD Grant

Service: Respite

Fiscal year: 2008 Quarter: 1

Rate type: Hourly

Units: Hourly Daily Weekly

1 Unit = 1

Add service

When you select respite you will need to specify what unit type is in effect for this service provision, and then provide the number of the units provided and the total cost.

### ***Comment Area***

You will notice that some services have an asterisk next to the service type. This means that you will need to give more detailed information about the service provided in the Comment Area. For instance, if you provided 1 unit of Supplies, you would also specify in the Comment Area what those supplies were.

### ***Funding type***

The funding type is used to identify the funding source used to provide a specific service to a specific consumer.

- Community DD Grant
- Core Services
- Individualized Annualized Plan
- Mini-grant
- None
- Omnibus Budget Reconciliation Act
- STAR Grant

If you have questions regarding the funding type you should use please contact the Developmental Disabilities Grant Manager.

### ***Fiscal year and quarter***

These two fields are used to specify the fiscal year and quarter in which the service was provided to the consumer. Generally these fields will be for the previous quarter. These two fields are entered by selecting the appropriate fiscal year and quarter from the dropdown menus.

### ***Units and cost***

Both the unit and cost fields are numeric fields requiring you to enter a number into the field boxes. If you attempt to enter anything other than a number or a decimal point an

alert will notify you that you are not allowed to enter those types of values, and you will need to enter the appropriate information in a numeric format.

For further information regarding units and costs please contact your DD Grants Manager with SDS.

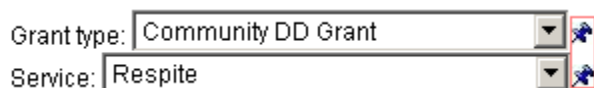
### ***Comments***

This optional field is used when a consumer receives a service that can only be described using the “Other” type of service. When “Other” is selected as the service the “Comment” field is mandatory, and you will be prompted to enter additional information describing the service provided to the consumer. This field can also be used to provide any additional information regarding a service provision that you feel is necessary.

When you have completed the service provision form simply click the “Add service” button, and the information will be submitted.

---

### **Using the “Sticky” buttons...**

A screenshot of a web form with two dropdown menus. The first dropdown is labeled 'Grant type:' and has 'Community DD Grant' selected. The second dropdown is labeled 'Service:' and has 'Respite' selected. To the right of each dropdown is a small blue pushpin icon, which is the 'sticky' button. A red rectangle highlights both pushpin icons.

You’ll notice on the service form (and address form too) that there are a couple of little buttons that look like push pins (see picture above). These buttons are intended to make your data entry job a little easier. If most of your agency’s consumers receive a single type of service, or there is a most common type of service then you can click on this “Sticky” button to make this service or grant type the default type. When you return to this form your selected service or grant type will already be selected, saving you a couple of mouse clicks (they add up). Don’t worry, you can still select other services and grant types, you’ll just need to select them from the dropdown menu. Feel free to use them to save yourself some time when entering in lots of information.

**Service provision history:**

FY	Q	Grant type	Service	Units	Cost		
2007	4	Community DD Grant	Case Management/Care Coordination	5	\$100.00	<a href="#">Edit</a>	<a href="#">Delete</a>
2007	4	Community DD Grant	Group Home	2	\$123.00	<a href="#">Edit</a>	<a href="#">Delete</a>
2007	4	Community DD Grant	Respite	4	\$60.00	<a href="#">Edit</a>	<a href="#">Delete</a>
2007	4	Community DD Grant	Flexible respite	1	\$200.00	<a href="#">Edit</a>	<a href="#">Delete</a>

After you have submitted the new service provision record, you will see the record on the bottom part of the main client page in the “Service provision history” section. The service provision history section will display all services provided to the specific consumer. If you mistakenly enter an incorrect service provision record you can delete it on this section by clicking the “Delete” button located on the right part of the record. You can also edit an existing service record by clicking on the “Edit” button. Clicking on the “Edit” button will load the particular service record into the form located directly above the service history. When you have finished making the necessary changes to the service record click on the “Edit service” button; this will save your changes.

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## Activity logs

On the “Admin” page you will also see towards the bottom an “Activity log”. This log will show you who within your staff is accessing the system and when.

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## Archiving consumers

One of the first questions that was asked about this system is “how do I delete consumers?”. The answer is... you don’t.

SDS has a policy of maintaining records for all consumers past and present. Rather than deleting consumer records we have created a consumer archive for each provider agency. Rather than deleting the consumer from your records you can simply click on the “Archive” button, located next to the “Edit information” button at the top of the main consumer page.

<b>Recipient:</b>	<a href="#">Edit information</a>	<a href="#">Archive</a>
Ricardo Montelban Medicaid #: 5656544		

After clicking the “Archive” button you’ll receive a confirmation message asking if you are sure you want to archive the consumer. If you are sure, then click “OK”.

This will set the consumer’s status to “archived”. If at some point in the future you want to re-activate this consumer you can do so by clicking the “Re-activate” button that has replaced the “Archive” button.

<b>Recipient:</b>	<a href="#">Edit information</a>	<a href="#">Re-activate</a>
Ricardo Montelban Medicaid #: 5656544		

After clicking the “Re-activate” button for the specific consumer he/she will appear on your main client list.

To view “Archived” consumers select “Archive” from the dropdown menu located in the upper left of the screen, directly above your list of clients. After selecting “Archive” from the dropdown menu,

your list of consumers will now include only those who have been archived. To go back to your active consumer list simply select “Active” from the same dropdown menu.




Status: Archive  
Sort: Last name  
Ricardo Montelban  
Search

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## Searching for consumers

For agencies that have hundreds of consumers, finding the consumer be cumbersome with just a scrollable list. In these cases the search box may be a useful tool.

To search for a consumer simply type in their first name or last name into the search box and click on the “Search” located next to the search box.



Status: Archive  
Sort: Last name  
Ric  
Search

In this example a search for “Ric” would return only one record since there is only one record that matches ‘Ric’ with this particular agency. The search function will search for any records that match the term provided. In our example a search for Ric returns Ricardo, as Ricardo starts with the letters Ric.



Status: Archive  
Sort: Last name  
Ric  
Search

Clicking on the consumer will show you their individual information just as if you had clicked on it normally when the rest of your agency’s consumers were in the list.

To view all the clients on the list again simply click on the consumer’s name, or just click on the “Back” button within your browser window.



## Reports, and getting information out of the system

The system currently provides agencies with the ability to export their census data to an MS Excel document that can be used to run a variety of aggregate analyses. After clicking the “Reports” button you will see the reporting query options (shown above).

s | **Admin** | **New recipient**

**Census reports**

**Service provision history (recipient records):**

Select a fiscal year for reporting: 2007

Select quarter(s) for reporting: 1 2 3 4

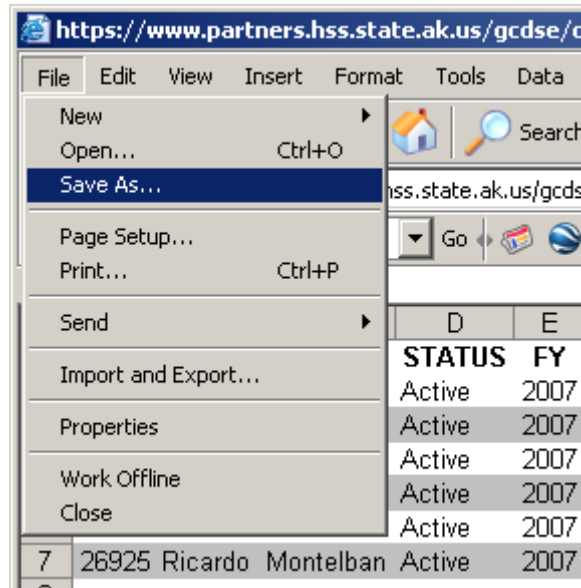
☒ ☐ ☐ ☐

**Generate report**

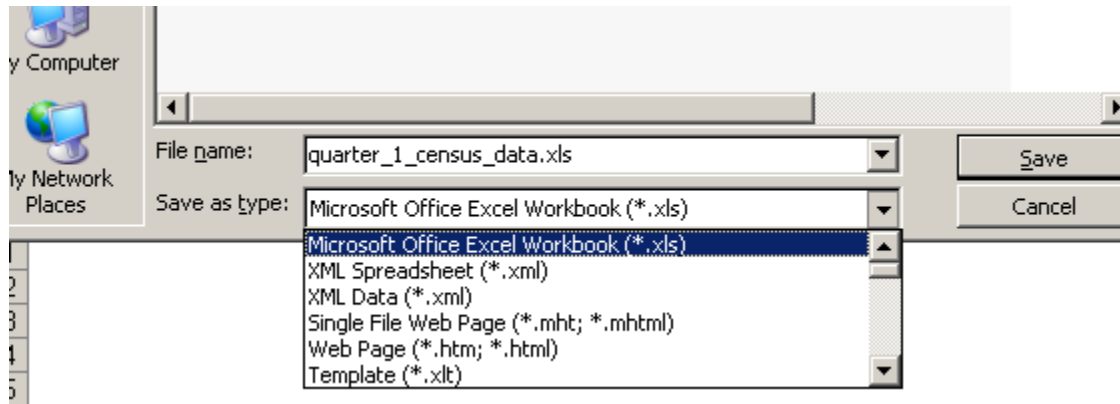
After clicking the “Generate report” button the user will be asked if they wish to save or open the MS Excel file.

	A	B	C	D	E	F	G	H	I	J	K
1	ID	FNAME	LNAME	STATUS	FY	Q	SERVICE	GRANT TYPE	UNITS	UNIT TYPE	COST
2	26768	Test	Test	Active	2007	4	Family Habilitation	Community DD Grant	5	Day	500
3	26768	Test	Test	Active	2007	4	Case Management/Care Coordination	Community DD Grant	2.5	Hours	400
4	26925	Ricardo	Montelban	Active	2007	4	Flexible respite	Community DD Grant	1	Hour	200
5	26925	Ricardo	Montelban	Active	2007	4	Case Management/Care Coordination	Community DD Grant	2.5	Hours	100
6	26925	Ricardo	Montelban	Active	2007	4	Group Home	Community DD Grant	2	Day	123
7	26925	Ricardo	Montelban	Active	2007	4	Respite	Community DD Grant	4	Day	60

If you open the document and wish to save it afterwards click on the “File” option on your browser menu bar as shown below.



Next select “Microsoft Office Excel Workbook (\*.xls)” from the “Save as type:” dropdown menu as shown below.



## HIPAA Compliance

SDS takes HIPAA compliance and the protection of PHI very seriously. The DD census system was developed specifically with this in mind.

Measures in effect to help insure compliance:

1. Automatic log out if user is inactive for 30 minutes
2. Username & password protection
3. Encrypted data communications (128-bit SSL)
4. Three failed login attempts lock users out
5. Logging of IP address
6. Recording of all user interaction with system

This system is a consumer management system and is 100% HIPAA compliant.

**\*\* UNAUTHORIZED OR INAPPROPRIATE USE OF GOVERNMENT COMPUTER SYSTEMS IS A FELONY OFFENSE.**

**\*\* INDIVIDUALS AND AGENCIES ARE RESPONSIBLE FOR THE INAPPROPRIATE USE OF THIS SYSTEM.**

### **Technical assistance**

If you are experiencing technical difficulties using this system please contact:

Anastasiya Podunovich, 907-269-3477, [Anastasiya.Podunovich@alaska.gov](mailto:Anastasiya.Podunovich@alaska.gov)

Laurie Cooper, 907-465-3135, [Laurie.Cooper@alaska.gov](mailto:Laurie.Cooper@alaska.gov)